

10/6/31 909

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2	/		- /			
3	/		- /			
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TOTAL IND.	2		4			
TOTAL DEP.	16	↔	18	↔		
TOTAL CLAIMS	16	██████████	22	██████████		

	IND	DEP	IND	DEP
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TOTAL IND.				
TOTAL DEP.		↔		
TOTAL CLAIMS	██████████	██████████		